

# Membership Application

## TOWN OF MORIAH CHAMBER OF COMMERCE

Please Print

Date: \_\_\_\_\_

Renewing? Check here: \_\_\_\_\_ and update any changes from last year below

**Individual/Couple Name** (if applicable): \_\_\_\_\_

**1<sup>st</sup> Business Name (if applicable):** \_\_\_\_\_

Contact Name (if business): \_\_\_\_\_

Name of Pres/CEO if different from contact person: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address if different from above: \_\_\_\_\_

Business Phone #: \_\_\_\_\_  FAX #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_  Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_  Facebook: \_\_\_\_\_

Brief Description of your business: \_\_\_\_\_

Number of Employees: Fulltime: \_\_\_\_\_ Seasonal: \_\_\_\_\_

**2<sup>nd</sup> Business Name (if applicable):** \_\_\_\_\_

Contact Name (if business): \_\_\_\_\_

Name of Pres/CEO if different from contact person: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address if different from above: \_\_\_\_\_

Business Phone #: \_\_\_\_\_  FAX #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_  Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_  Facebook: \_\_\_\_\_

Check all that you want to appear on the chamber website!

Brief Description of your business: \_\_\_\_\_

Number of Employees: Fulltime: \_\_\_\_\_ Seasonal: \_\_\_\_\_

**Level**

\$10 Individual          \$15 Couple          \$40 Single Business          \$5 each additional business

Form of Payment:    Cash          Check          Check # \_\_\_\_\_

Payment Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Received by: \_\_\_\_\_

*All Applications Approved by the Moriah Chamber Board of Directors*

*Approved / Date* \_\_\_\_\_

TOWN OF MORIAH CHAMBER OF COMMERCE  
P.O. BOX 34 – PORT HENRY NY 12974  
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